ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, ADDRESS, PHONE)	FOR COURT USE ONLY
ATTORNEY FOR: (NAME)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS COURT LOCATION: GOVERNMENT CENTER MAILING ADDRESS: 891 MOUNTAIN RANCH ROAD CITY & ZIP CODE: SAN ANDREAS, 95249	
PETITIONER:	
RESPONDENT:	
CASE MANAGEMENT CONFERENCE DATE:TIME: DEPT:	CASE NO.:
CASE MANAGEMENT CONFERENCE STATEMENT []	Telephonic Appearance Requested*
1. I am: (a) attorney for petitioner or respondent (b) self-represented petitioner or self-represented petitioner or other (explain):	
2. The other party is is not represented by an attorney. O party's name, address and telephone number is: Name: Rep.: Add. & Phone:	
Additional parties and representative information	n attached.
3. This case involves the following issues (check all that apply): Child Custody which has been resolved by agreement co Child Support which has been resolved by agreement res	urt order still pending. court order still pending. ement court order still pending. court order still pending.
 I have met and conferred with the other party / attorney on above and the areas of agreement / disagreement on the pend 	
Explanation of additional issues attached	
5. Discovery – I have completed All None Some of the The following discovery remains to be completed and it is expe	• •
Additional discovery information attached.	
* For telephone appearances you must schedule at least 5 days in advance w	ith CourtCall at 888/88-COURT.

6.	Trial Readiness – This case is expected to take		
	This case will be ready for trial on		
7.	7. Statement Prepared By: This Statement was prepared by Petitioner Respondent and Submitted Jointly or Individually.		
This statement accurately reflects the present status of the case.			
	Respectfully submitted, Dated:		
	Attorney for or self-represented Petitioner Respondent If no appearance is required you may notify me by telephone at:		
(F	or jointly submitted statements only.)		
	This Statement accurately reflects the present status of the case.		
	Respectfully submitted, Dated:		
	☐ Attorney for or ☐ self-represented☐ Petitioner ☐ Respondent If no appearance is required you may notify me by telephone at:		
8.	Additional Pages - There are pages attached to this Statement.		
	Proof of Service		
	eclare: I am over the age of 18, not a party to this action, and I work/reside in the county where the ailing of this document took place. My address is listed at the top of the first page or below		
ab de ma	the date below I served a completed copy of this document on those persons listed at paragraph "2" ove by enclosing the document in properly addressed and postage prepaid envelopes and positing the sealed envelope with the U.S. Postal Service placing the envelope for collection and ailing in a location within the business where mail is regularly and ordinarily deposited with the U.S. estal Service on the same day of deposit.		
	eclare under penalty of perjury under the laws of the State of California that the foregoing is true and rrect.		
Da	ite:Signature:		
	Print Name:		

Local Rules 4.12.